



Increasing Quality Colorectal Cancer Screening and Promoting Screen Quality:

An Action Guide for Engaging Employers and Professional Medical Organizations



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Acronyms

Acronyms

BRFSS	Behavioral Risk Factor Surveillance System
CCC	comprehensive cancer control
CDC	Centers for Disease Control and Prevention
CDE	complete diagnostic evaluation
CEO	chief executive officer
CRC	colorectal cancer
CRCCP	Colorectal Cancer Control Program
DCPC	Division of Cancer Prevention and Control
FIT	fecal immunochemical test
FOBT	fecal occult blood test
MOU	memorandum of understanding
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
USPSTF	U.S. Preventive Services Task Force

Introduction

Colorectal (or colon) cancer (CRC) is the second leading cause of cancer-related deaths among men and women in the United States.¹ Much evidence exists that screening for CRC with tests recommended by the U.S. Preventive Services Task Force (USPSTF) can save lives.² These tests include high-sensitivity fecal occult blood tests (FOBTs), sigmoidoscopy, and colonoscopy. However, many people who are at risk of CRC are not being screened according to national guidelines. An estimated 60% of CRC deaths could be prevented if all men and women aged 50 years or older were regularly screened.¹

The Centers for Disease Control and Prevention's (CDC's) Colorectal Cancer Control Program (CRCCP) works to make sure people at average risk of CRC have access to high-quality CRC screening. The CRCCP's efforts include providing services directly through grantees, as well as promoting and supporting screening through educational programs and through policy and system changes. The CRCCP's goal is to increase CRC screening rates among men and women aged 50 years or older to 80% among communities funded by the program by 2014.³

This publication, *Increasing Colorectal Cancer Screening and Promoting Screening Quality: An Action Guide for Engaging Employers and Professional Medical Organizations* (or the *Employers and Professional Medical Organizations Action Guide*), was developed by CDC's Division of Cancer Prevention and Control (DCPC). It is intended to be used primarily by grantees supported through the CRCCP. The purpose of this guide is to help CRCCP grantees work with specific types of partners to promote and support the adoption of policies, programs, and practices to increase CRC screening rates and promote high-quality screening services at the community level. Working with employers and professional medical organizations can be an efficient way to reach large numbers of people who may need better access to CRC screening.

CRC screening helps people in two ways. It can prevent cancer by finding precancerous polyps (abnormal growths) in the colon or rectum so they can be removed before they turn into cancer. It can also find CRC early when it is at a less advanced stage and can be treated more easily.

Working with Employers

Work sites are important places for promoting health and preventing disease. Employers are obligated to provide a safe working environment—and they can also help improve the health and well-being of their employees through policies and programs that support these goals. To help increase CRC screening and promote screening quality, employers can

- Implement policies that support screening, like health care benefits that cover screening and leave policies that allow time off from work for screening.
- Increase awareness of the need for CRC screening through work-site wellness activities; onsite education sessions; and print materials such as newsletters, brochures, and Web sites.⁴

Working with Professional Medical Organizations

Professional medical organizations include both health care providers and settings that offer health care services. They can be associations that represent different types of medical providers, like doctors, physician assistants, and nurse practitioners. They can also be associations that represent specific types of providers, like family practitioners, general practitioners, gastroenterologists, internists, and obstetricians/gynecologists. Settings where health care is delivered include public health departments, primary care clinics, and hospitals. To help increase CRC screening and improve screening quality, professional medical organizations can

- Educate their members on national recommendations for CRC screening.
- Provide their members with opportunities for training to improve their screening skills.
- Help their members make changes to the health systems where they work that promote screenings, such as increasing the use of patient reminder systems.
- Share their experience and knowledge with policy makers and decision makers to encourage health systems to make changes that support the use of high-quality CRC screening.



CRC Screening Quality

CRC screening programs can prevent or reduce disease and death by helping people get the right test at the right time. Screening tests must also be performed accurately, and medical care providers must follow up on positive tests in a timely and appropriate way.⁵

CRC screening quality can be broadly defined as follows:

- Appropriate use of recommended CRC screening tests at recommended intervals based on each patient's risk, age, and past screening history.
- Appropriate performance of CRC screening tests by trained and skilled medical care providers.
- Timely and appropriate reporting of positive or abnormal test results to patients and their primary care providers.
- Appropriate follow up on positive test results.
- Tracking and surveillance to monitor screening rates, trends, and quality.

You can work with partners to increase CRC screening rates and improve screening quality by offering

- Expertise in designing educational, policy, and system interventions to increase CRC screening.
- Links to other partners.
- Information and resources that define and support CRC screening quality.
- Guidance on how to track and monitor **screening rates and quality**.

See Appendix A for more information about CRC screening quality, including common problems.

How to Use this Action Guide

As a CRCCP grantee, you can use this action guide to increase CRC screening and promote screening quality by

- Creating new partnerships with employers and professional medical organizations in your state, tribe, or territory.
- Making current partnerships stronger by using the ideas and tools in this guide to assess programs and address any problems.

This guide includes the following sections:

Section 1: Action Steps for Engaging Employers and Professional Medical Organizations

This section provides an overview of the recommended Action Steps for working with employers and professional medical organizations to increase population-based CRC screening and promote screening quality. Each Action Step is described, and tools are provided to help you complete some steps.

Section 2: Working with Employers

This section provides specific information on how to work with employers. It includes a case study that shows how one state CRCCP worked with a state employer.

Section 3: Working with Professional Medical Organizations

This section provides specific information on how to work with professional medical organizations. It includes a case study that shows how one state CRCCP worked with a state professional medical organization.

Appendix A. Colorectal Cancer (CRC) Screening Fact Sheet

Appendix A has a fact sheet that defines high-quality CRC screening and identifies common problems with screening quality.

Appendix B. Work Sheets and Other Tools

Appendix B has tools you can use to complete the Action Steps in Section 1. These work sheets can be used in their current form or adapted to fit your needs. Electronic versions are available in Microsoft Word and from grantee Web sites at www.CRCCP.org and www.NBCCEDP.org.

Appendix C. Resources

Appendix C lists the resources used to develop this guide. It also includes Web links to other publications, tools, and resources related to CRC screening.

In this guide, we use the following icons to help you identify different types of information:



Tips: Ideas that you can use as a quick reference to apply the concepts, steps, and tools from this guide to your efforts.



Tools: Work sheets, checklists, and other tools that you can use to complete the Action Steps in this guide.

Section 1

Action Steps for Engaging Employers
and Professional Medical Organizations

Introduction

This section presents six Action Steps that you can take to work with employers and professional medical organizations to increase population-based CRC screening and promote screening quality. They are summarized in the following table and described in more detail throughout this section. Work sheets that you can use to complete these Action Steps are provided in Appendix B. Sections 2 and 3 provide more details about how to work with employers and professional medical organizations..

Action Steps for Engaging Employers and Professional Medical Organizations to Increase Population-Based Colorectal Cancer Screening (CRC) Screening	
Step	Actions
1	Identify priority objectives that can help you increase population-based CRC screening.
2	Identify unmet needs and potential partners to help you meet these needs.
3	Plan your approach.
4	Establish the partnership.
5	Give partners credit for their support and work to keep them involved.
6	Assess progress and make changes as needed.

You can use the Action Steps to identify new partners or find new ways to work with current partners. You may have partners now that are not involved in specific projects that support CRC screening. You can use the tools in this guide to find ways to get them involved in activities that will benefit your program and their organization.

Step 1: Identify Priority Objectives that Can Help You Increase Population-Based CRC Screening

The first step is to identify priority objectives for achieving your goals. For ideas, look at your program's strategic plan or the goals, objectives, and strategies in the comprehensive cancer control (CCC) plan created for your state, tribe, or territory.

If you can't find appropriate objectives in these plans, work with your current partners—such as members of your CCC coalition—to identify priority objectives. One way to identify objectives is to look at and compare local, state, and national data on CRC screening rates and trends. To help you identify specific population groups to focus on, look at demographic characteristics like age, sex, race and ethnicity, and geography. Data sources can include CDC's Behavioral Risk Factor Surveillance System (BRFSS), insurance plans, Medicare, or the Healthcare Effectiveness Data and Information Set (a tool used by health care plans to measure care and services).

The objectives you identify must be specific. They should focus on specific activities, population groups, and timeframes. For example, for the overall goal of increasing CRC screening, your objectives could be to

- Increase CRC screening rates among African-American men by 30% within 5 years.
- Form a task force in the next month that includes community groups and health care providers that serve African-American men to identify strategies to increase screening for this population.

Set criteria for choosing priority objectives. Make sure all partners have a role in choosing the final list of priority objectives.

Step 2: Identify Unmet Needs and Potential Partners to Help You Meet These Needs

Once you've identified priority objectives that you want to conduct, you will need to identify unmet needs and potential partners that can help you meet these needs. Use the Identify Unmet Needs and Potential Partners Work Sheet in Appendix B to organize your work for Step 2.

Step 3: Plan Your Approach

When you contact potential partners, be ready to explain exactly what you need and how they can help. Let them know what your program has accomplished so far. Potential partners will be more willing to give time and resources to programs with a proven record of success. Be specific about what more could be done with their support and what they will get out of being involved.

Identify a specific person to contact in each organization. Pick a staff member with the power to make decisions or influence others in the organization. For employers, this person could be an employee wellness coordinator, human resources director, or medical director. For professional medical organizations, it could be the executive director.

Next, decide who will contact each organization. Examples include people who are known to the information about tracking progress, partner, who are seen as credible by the partner, or who have worked with the partner on successful projects in the past. They could be staff members in your program or representatives of other partners.

Decide how you will contact each organization—in person, by phone, or by letter. Consider asking members of your local CCC coalition to cosign a letter or make an introductory call. Set a deadline for this task to keep you on schedule.

Use the Plan Your Approach Work Sheet in Appendix B to organize your work for Step 3.

Step 4: Establish the Partnership

Be specific when you ask for help. People are more likely to join your efforts if you identify specific tasks with deadlines and clear outcomes. Once a partner has agreed to work with you, learn as much as possible about their organizational culture, operating procedures, and protocols. Share the same information about your program with your partners. Let them know which parts of your project can or cannot be changed. Answer all questions and respond promptly to requests for information or clarification. Communication can be the key to success.

You should also put your agreement in writing. Outline each person's specific roles and tasks to prevent problems or miscommunications. Identify staff in both organizations to be the primary point of contact. You can use the Memorandum of Understanding Template in Appendix B to complete this task.

Step 5: Give Partners Credit for Their Support and Work to Keep Them Involved

Giving partners credit when they contribute to your program is a good way to keep them motivated to work with you over time. It also brings positive attention to your partnership that might help you attract new partners. You can recognize the work of your partners through press releases and media interviews. You can also share information with other partners or other organizations in your field.

Always ask your partners how they want to be recognized, and ask permission before giving them credit in public. Decisions about who should give and receive recognition and how it should be done will vary according to each organization's culture and practices. Recognition can be for individuals, teams, or organizations. It can be as simple as an e-mail or letter to thank partners for their contributions or a printed certificate of appreciation.

A partnership is a long-term investment. If you honor your commitments, address problems directly when they occur, and make sure each person's role is clearly defined, you are more likely to keep partners involved over time.

Step 6: Assess Progress and Make Changes as Needed

Decide how you will track and evaluate your progress by setting specific process and outcome measures at the beginning of each project. Linking your activities to measurable goals and objectives will create a framework for the evaluation process.



Tips for Getting and Keeping Partner Involvement

To build partnerships:

- Identify specific activities or resources that you need each partner to do or provide.
- Network to establish or build on professional relationships.
- Ask partners what they need in return for supporting your program. Try to meet these needs.
- Always keep the lines of communication open.

To nurture partnerships:

- Ask your partners regularly what they think is working or not working.
- Give your partners credit for their support.
- Share program results with all partners.
- Make sure to honor any commitments you make. If you're committed to a project, then your partners are more likely to be committed as well.

To make the most of partnerships:

- Let all partners know what each organization is contributing so they can build on each other's efforts.
- Ask partners for specific contributions that complement your current resources. Be prepared to give something back that does the same for them.
- Provide opportunities for partners to find new ways to work together.

Section 2

Working With Employers

How to Choose Partners

You can work with many different types of employers, including

- Federal, state, tribal, or territorial governments (all employees or specific departments).
- Local governments (all employees or specific departments).
- Educational institutions such as schools or universities.
- For-profit businesses such as manufacturers, health systems, or businesses in the service industry.
- Nonprofit organizations such as foundations or community-based organizations.
- Employee unions.
- Local business groups and associations.

When looking for employers to partner with, find out how many employees they have and the percentage who are aged 50 years or older (and thus need CRC screening).

Focus on medium-sized employers with 100–500 employees or large-sized employers with 500 employees or more. That way, your efforts to increase CRC screening can reach more people. You can contact state or local chambers of commerce for this information.



Key Considerations

Consider the following questions or points as you look for employers to work with.

- How does CRC affect a business's bottom line? Most businesses want to make a profit or be cost effective. They will want to know how adding CRC screening to workplace health programs or employee benefits will save money. The cost benefit of preventing or finding cancer early versus treating the disease in later stages is well known.⁶
- CRC is just one health problem that people may face. Your project should be able to fit into overall workplace health programs that include health care benefits, education programs, and policies that support health-seeking behaviors.
- A combination of interventions that address multiple areas (health benefits, programs, and policies) will be more effective than one intervention alone. One-time projects that focus only on CRC screening will not yield long-term results.
- To be successful, you must have support from top leaders and managers.

- Some employers don't have staff dedicated to health or wellness initiatives, and some will not have resources to support CRC screening. Identify interventions that can be implemented easily with limited resources.

Use the Employer Assessment Work Sheet in Appendix B to identify factors that may influence how and if you work with an employer. You can use the following types and sources of information to do this assessment:⁷

- **Site visits:**

Visit work sites to evaluate environmental health risks. Ask managers and employees about their attitudes and beliefs about health. Review the employer's health promotion programs and policies.

- **Employee surveys:**

Review data from health risk appraisals, employee satisfaction and interest surveys, safety surveys, and routine inspections.

- **Health benefits:**

Review the health plans offered to employees and their access to health promotion programs. Review the employer's policies on vacation and sick leave.

- **Health care and drug claims:**

Review medical claims to identify the types of services that employees are seeking and their costs.

- **Other data sources:**

Look for other data sources, such as records on time and attendance; workplace injuries; or participation in, satisfaction with, or outcomes for employee health programs.



How Employers Can Help

Programs

Employers can include CRC screening in health or wellness programs in the workplace by

- Educating employees about national guidelines and the need to be screened.
- Hosting onsite events to promote screening and give employees screening tests to use at home.
- Adding reminders about CRC screening to regular messages to employees (e.g., on paycheck stubs or birthday cards).
- Offering incentives to employees to participate in screening programs.

Policies

Employers can implement policies that support CRC screening and remove barriers. For example, they can allow flexible leave during the work day so that employees can schedule screening appointments.

Health Benefits

Employers can offer health benefits plans that cover CRC screening and address issues of screening quality. For example, they can make sure these plans

- Cover screening that follows national guidelines.
- Require the use of high-sensitivity FOBTs.
- Do not cover FOBTs performed in medical offices (as opposed to tests in which people collect samples at home).
- Require the use of patient reminder systems.
- Require that assessments of medical care providers look at how well they perform CRC screening tests and provide them with regular feedback.

Environmental Support

Employers can remove barriers to CRC screening. For example, they can

- Encourage medical care providers that do CRC screening to expand their hours to make it easier for employees to make appointments (e.g., by opening earlier, closing later, or offering weekend hours).
- Provide or pay for transportation for employees who don't have someone to drive them home after a colonoscopy.

For more information about these interventions, visit the Colorectal Cancer Screening section of CDC's Workplace Health Promotion Web Site at

www.cdc.gov/workplacehealthpromotion/implementation/topics/colorectal-cancer.html.

Programs that Employers Can Use

The CEO Cancer Gold Standard is a program that makes recommendations to help employers use the workplace to fight cancer among employees. It was developed by the CEO Roundtable on Cancer. It works to reduce risk, support early detection, and ensure access to quality care through prevention and screening programs. More than 100 employers have been accredited under this program, including private companies, insurance companies, hospitals, federal agencies, and nonprofit organizations. For more information about the CEO Cancer Gold Standard, including a tool kit and stories from accredited employers, visit www.cancergoldstandard.org.

Next Step is a 2-year workplace program designed to increase CRC screening and promote healthy eating. The promotional part of the program includes a personalized educational booklet that presents information about CRC and explains screening procedures. The dietary part of the program includes selfhelp materials and five nutrition education classes delivered in the workplace. In the second year of the program, employees receive personalized feedback to help them maintain the gains they made in the first year. The program also provides posters and brochures with simple messages about low-fat, high-fiber foods that employers can display in the workplace.



Information about this evidence-based program can be found on the National Cancer Institute's Researchtested Intervention Programs Web site at <http://rtips.cancer.gov/rtips/programDetails.do?programId=264649>

Case Study

Working with an Employer



Case Study

This case study shows how the staff in one state CRCCP used the Action Steps in this guide to work with a largesized employer to increase CRC screening among its employees.

Step 1: Identify priority objectives that can help you increase population-based CRC screening

A partnership was formed between the state health department's CRCCP and the state's CCC coalition to increase CRC screening. A priority objective was chosen from the early detection section of the state's CCC plan: "To increase the overall rate of CRC screening from 46% to 60% among state residents aged 50 years or older over the next 3 years." This effort was prompted in part by the passage of a state law the previous year that mandates health insurance coverage of CRC screening in the state.

Step 2: Identify unmet needs and potential partners to help you meet these needs

Staff in the CRCCP and the CCC coalition analyzed data to identify unmet needs in the state. They used data from the BRFSS and the American College of Surgeons Commission on Cancer. They found that no CRC screening partnerships or programs exist with any employers in the state.

The state's three largest employers include a manufacturing company, the state government, and a medical center. CRCCP staff decided to work first with the manufacturer, Allied Metals, as a way to reach adults who are employed and have health insurance. The state health department recently worked with this company on a healthy living campaign, so they have an existing partnership.



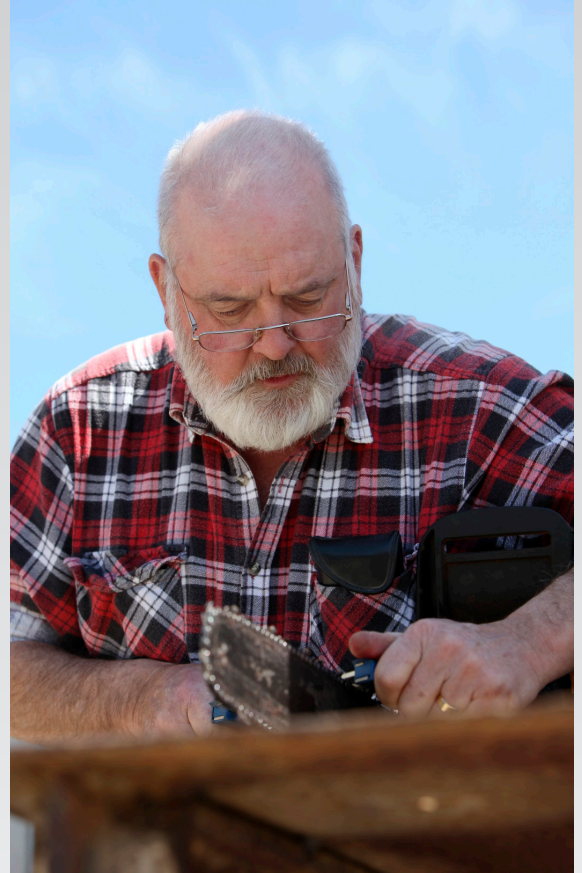
Step 3: Plan Your Approach

CRCCP staff developed a one-page document on why Allied Metals should work with the state health department. It included the following information:

- CRC screening rates are low in the state. As a major employer, Allied Metals can make a difference in the health of state residents by helping to promote CRC screening.
- If more employees were screened for CRC, the company's health insurance costs would likely go down because the disease could be prevented or detected early when treatment is less expensive.
- The state has mandated that health insurance plans in the state cover CRC screening.

- Programs that have been proven to work are available for the company to use. One example is Next Step, a workplace program designed to increase CRC screening and promote healthy eating.
- Allied Metals and the state health department worked together recently on a healthy living campaign. The new CRC screening program would be an extension of that effort
- Allied Metals and the state health department would work together to identify measures of success and monitor their progress.
- This program would initially last 1 year. At the end, both partners would assess the success of their efforts and the success of their partnership. They would discuss ways to improve and expand the program and whether to continue it.

CRCCP staff used the Plan Your Approach Work Sheet to develop a plan of action for working with Allied Metals.





Plan Your Approach Work Sheet: Employer Case Study

Program Name: Colorectal Cancer Control Program (CRCCP)

Instructions: Fill in the information below to plan how you will contact potential partners to help you increase CRC screening and promote screening quality. Use a separate work sheet for each partner.

Priority: To increase the overall rate of CRC screening from 46% to 60% among state residents aged 50 years or older over the next 3 years.

Unmet Need: No CRC screening partnerships or programs exist with any employers in the state.

Partner who can help with this need: Allied Metals.

Answer the following questions:

What are you asking the partner to do?	We want Allied Metals to work with us to implement a 1-year program to increase CRC screening among its employees and then help us assess the program after 1 year.
What have you accomplished so far in this area?	The CRCCP supported passage of a recent law that mandates health insurance coverage for CRC screening in the state.
What can you do with this partner's help?	We can increase CRC screening among state residents who are employed and have health insurance.
How will this partner benefit from working with you on this project?	More screening can prevent CRC or detect it early when the disease is more treatable. By helping its employees have better access to screening, Allied Metals will use its health care resources more efficiently, improve quality of life and productivity among its employees, and improve the company's financial

Develop an action plan:

Who should you contact first? Identify a specific person in the organization.	We will contact the human resource manager at Allied Metals, who has been working with the state health department recently on a healthy living campaign.
How will you contact this person (e.g., in person, by phone, by letter)?	We will contact the human resources manager in person and give him materials that explain the proposed CRC screening program. We will also give him materials from the Next Step program.
Who will contact this person?	A meeting was scheduled between the human resources manager and three staff members from the state health department (the chronic disease director, the lead staff person for the healthy living campaign, and the lead staff person for the CRCCP).
When will you contact this person? Set a specific date.	CRCCP staff will set up a meeting in the next 2 weeks.

Step 4: Establish the partnership

Staff from the state health department met with the human resources manager for Allied Metals to propose that they work together on a CRC screening program. The manager was interested, but said he would need approval from the company's chief executive officer (CEO). The health department staff followed up 2 weeks later to see if a decision had been made. The human resources manager said the CEO was resistant to the idea because she did not believe the company had enough staff to start a new program. The health department staff offered to develop a plan that would outline each partner's



roles, responsibilities, and level of effort. The human resources manager set up a meeting between the health department staff and the CEO to go over the plan. The CEO agreed to support a CRC screening program after she saw the plan. She asked CRCCP staff to update her monthly on the program's activities and progress, including changes in screening rates among employees and any problems.

CRCCP staff then worked with the human resources manager to develop an implementation plan based on their original proposal. They identified timelines and a communication plan for each major task.

Step 5: Give partners credit for their support and work to keep them involved

During CRC awareness month, the CRCCP used its partnership with a regional newspaper to get advertising space at a reduced rate. The ad included information about national CRC screening guidelines, the recently passed state law, and Allied Metal's commitment to improving the health of its employees. In addition, the director of the state health department sent a letter of appreciation to the CEO and human resources manager at Allied Metals.

Step 6: Assess progress and make changes as needed

When the CEO asked the CRCCP to make monthly reports, she set the foundation for a tracking and reporting plan. Each month, information was collected from health insurance claims for CRC screening for Allied Metals employees and their dependents. Employees were asked to fill out forms that asked about changes in their awareness and behaviors in relation to CRC screening. CRCCP and Allied Metals staff met each month to talk about implementation issues and progress. After 1 year, they met to discuss the benefits of continuing the partnership and making the program a permanent part of Allied Metals' employee benefits plan.

Section 3

Working with Professional
Medical Organizations

How to Choose Partners

Professional medical organizations include both health care providers and settings that offer health care services. They can be associations that represent different types of medical providers—like doctors, physician assistants, and nurse practitioners. They can also be associations that represent specific types of providers—like family practitioners, general practitioners, gastroenterologists, internists, and obstetricians/gynecologists. Settings where health care is delivered include public health departments, primary care clinics, and hospitals. These organizations represent individual members at national, state, local, tribal, and territorial levels.

Use the Professional Medical Organization Assessment Checklist in Appendix B to help you choose partners in this area.

Key Considerations

Consider the following questions as you look for professional medical organizations to work with:

- What is the mission and areas of focus for the organization? Organizations do not have to focus on CRC screening, but they should not have competing or conflicting interests.
- How will the organization benefit if it partners with your screening program? How will you benefit?
- Does the organization have a reputation for effective management and successful partnerships with other groups? Ask colleagues and members of other programs if they have worked with the organization in the past and whether the partnership was successful.
- How is the organization structured? Professional medical organizations are usually member organizations that meet at least once a year and have a board of directors, committees, and staff. You may be asked to work with a committee or make presentations to the board of directors. You are likely to work with several people—as opposed to the one or two people you will work with when you partner with an employer.
- How does the organization make decisions? Some decisions may be made by staff, but others may require approval from committees and the board of directors. Make sure to find out as much as you can about each organization's process.

How Professional Medical Organizations Can Help

Professional medical organizations can help increase CRC screening and promote screening quality by

- Raising awareness among health care providers about national guidelines for CRC screening.
- Promoting standards for CRC screening quality by offering continuing education and training for its members.

- Encouraging policy makers to mandate insurance coverage for CRC screening.
- Encouraging health systems to adopt changes that promote CRC screening quality, such as setting up ways to assess providers.

Each professional medical organization that you work with should use the Colorectal Cancer (CRC) Screening Quality Checklist in Appendix B to assess screening practices among its members. You can use the results of this assessment to help you focus your education and training activities with each partner. For more information about quality standards for CRC screening, see the resources in Appendix C.

Programs that Professional Medical Organizations Can Use

The Physician-Oriented Intervention program is designed to help doctors increase screening among patients aged 50 years or older and ensure proper follow-up for those with positive test results. The program works to increase doctors' awareness of patient eligibility for testing by providing reminders and feedback.

The feedback component is a biannual report with information on patients who have had abnormal FOBT results during the previous 6 months and their current testing status. The program also includes an educational component. Information about this evidencebased program can be found on the National Cancer Institute's Research-Tested Intervention Programs Web site at <http://rtips.cancer.gov/rtips/programDetails.do?programId=260884>.

The Michigan Cancer Consortium convened an expert advisory committee to set guidelines for CRC screening and follow-up care for the state. The committee included primary care physicians, nurses, oncologists, surgeons, pathologists, and other health care experts from across the state. The members reviewed national guidelines, research, and cancer data. The resulting guidelines



include recommendations for CRC screening, follow-up of abnormal CRC screening results, and diagnostic evaluation of rectal bleeding.

The consortium used these guidelines to develop professional education materials and messages for primary care providers in Michigan. Organizations that are part of the consortium are urged to share the guidelines with their members, as well as with other partners and colleagues. The guidelines can be found at www.michigancancer.org/JoinUs/WhoCanJoinMCC.cfm.

Case Study

Working With a Professional
Medical Organization



Case Study

This case study shows how the staff in one CRCCP used the Action Steps in this guide to work with a professional medical organization to increase CRC screening and promote screening quality.

Step 1: Identify priority objectives that can help you increase population-based CRC screening

The state CRCCP set the following objective to increase CRC screening and promote screening quality: “To provide training on national CRC screening guidelines to 75% of all doctors working in rural areas in the state over the next 2 years.”

Step 2: Identify unmet needs and

potential partners to help you meet these needs
CRCCP staff assessed current training on CRC guidelines for doctors in the state. They found that doctors who practice in metropolitan areas had access to a variety of training, but those in rural areas had no access to training. The assessment also found that the State Medical Society provided onsite training twice a year in one major metropolitan city in the state. CRCCP staff began to explore the idea of working with the State Medical Society to develop an online continuing medical education course that would be accessible to doctors in rural areas.



Step 3: Plan Your Approach

CRCCP staff recruited two doctors from the Medical Advisory Committee to form a work group to help them identify the best way to approach the State Medical Society. They drafted a plan to use existing training materials to develop an online version and asked a member of the state’s CCC coalition with experience in this area to review the plan. Next, they wrote a letter to the president and the executive director of the State Medical Society that clearly described the problem, provided supporting data, and explained the proposed approach to solve the problem. The letter also outlined the proposed role of the State Medical Society and what resources were needed.

The work group members used the Plan Your Approach Work Sheet to develop a plan of action for working with the State Medical Society.



Plan Your Approach Work Sheet: Employer Case Study

Program Name: Colorectal Cancer Control Program (CRCCP)

Instructions: Fill in the information below to plan how you will contact potential partners to help you increase CRC screening and promote screening quality. Use a separate work sheet for each partner.

Priority: To provide training on national CRC screening guidelines to 75% of all doctors working in rural areas in the state over the next 2 years.

Unmet Need: No accessible training on CRC screening for doctors working in rural areas.

Partner who can help with this need: State Medical Society.

Answer the following questions:

What are you asking the partner to do?	We want the State Medical Society to work with us to adapt existing training materials for CRC screening to create an online version that doctors working in rural areas can use.
What have you accomplished so far in this area?	Our research found that 75% of doctors who practice in metropolitan areas have had training in CRC screening. Of this group, 90% said they were satisfied with the training.
What can you do with this partner's help?	We can increase the number of doctors who are trained to make appropriate recommendations for CRC screening.
How will this partner benefit from working with you on this project?	The State Medical Society will be able to provide relevant and needed training to its members.

Develop an action plan:

Who should you contact first? Identify a specific person in the organization.	We will contact the president and the executive director of the State Medical Society.
How will you contact this person (e.g., in person, by phone, by letter)?	We will send a detailed letter and follow up by phone.
Who will contact this person?	The director of the CRCCP and the chair of the Medical Advisory Committee will sign the letter. One of the doctors on the work group will make the follow-up phone call.
When will you contact this person? Set a specific date.	We will send the letter in 5 days and follow up by phone 2 days later.

Step 4: Establish the partnership

After initial contact was made, the work group met with the executive director of the State Medical Society and one of its trainers. The executive director agreed to support the proposed project, and the initial work plan was modified as needed.

Unfortunately, the project did not get off to a good start. The trainer did not meet deadlines and missed several meetings. CRCCP staff contacted the executive director, who explained that the trainer had a heavy workload and this project was not a priority. The work group reconvened to address the problem. They presented a plan to reassign some of the trainer's duties, including identifying a medical student willing to do most of the work adapting the existing materials. The State Medical Society agreed to the plan and provided a stipend for the student to pilot test the online version.

Step 5: Give partners credit for their support and work to keep them involved

The director of the state health department sent a letter of appreciation to the State Medical Society. The president and the executive director also received monthly progress reports.

Step 6: Assess progress and make changes as needed

When problems arose at the beginning of the project, the work group members quickly reassessed their approach. They proposed specific solutions that maintained their partnership with the State Medical Society. The training course was adapted for online use, and a pilot test was conducted.



References

1. US Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Data*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services and National Cancer Institute; 2012. <http://www.cdc.gov/uscs>. Accessed November 27, 2012.
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3. Centers for Disease Control and Prevention. Colorectal Cancer Control Program (CRCCP) Web site. <http://www.cdc.gov/cancer/crccp/>. Updated October 5, 2012. Accessed November 27, 2012.
4. Task Force on Community Preventive Services. Recommendations for client- and provider-directed interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prevent Med*. 2008;35(suppl 1):21-25.
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7. Centers for Disease Control and Prevention. Workplace Health Promotion: Assessment Web site. <http://www.cdc.gov/workplacehealthpromotion/assessment/index.html>. Updated April 25, 2011. Accessed November 27, 2012.

Appendix A

Colorectal Screening Fact Sheet

Fact Sheet: Colorectal Cancer Screening Quality



Colorectal cancer (CRC) screening programs can prevent or reduce disease and death by helping people get the right test at the right time. Screening tests must also be performed accurately, and medical care providers must follow up on positive tests in a timely and appropriate way.¹ The Colorectal Cancer Control Program (CRCCP) at the Centers for Disease Control and Prevention (CDC) works to increase access to high-quality screening in the United States.

CRC screening quality can be broadly defined as follows:

- Appropriate use of recommended CRC screening tests at recommended intervals based on each patient's risk, age, and past screening history.
- Appropriate performance of CRC screening tests by trained and skilled medical care providers.
- Timely and appropriate reporting of positive or abnormal test results to patients and their primary care providers.
- Appropriate follow up on positive or abnormal results.
- Tracking and surveillance to monitor screening rates, trends, and quality.

Appropriate Use of CRC Screening Tests

The CRCCP funds states and Native American tribes across the United States to promote screening and provide screening services. Grantees use the following guidelines from the U.S. Preventive Services Task Force (USPSTF):²

Screening Test	Description	USPSTF Recommendation
Fecal occult blood test (FOBT)* or fecal immunochemical test (FIT)*	Examination of the stool for traces of blood not visible to the naked eye. Samples for these tests are typically collected by the patient at home. Samples are commonly collected in medical offices, but this practice is not recommended.	High-sensitivity FOBT or FIT annually for adults aged 50–75 years.
Sigmoidoscopy*	Internal examination of the lower part of the large intestine.	Sigmoidoscopy every 5 years combined with high-sensitivity FOBT every 3 years for adults aged 50–75 years.
Colonoscopy	Internal examination of the entire large intestine.	Colonoscopy every 10 years for adults aged 50–75 years. The USPSTF does not recommend routine screening for people aged 76–85 years. Screening decisions for this age group should be made by the medical care provider and the patient on the basis of individual health status. The USPSTF recommends against screening for adults older than age 85.

** Positive findings require follow-up colonoscopy.*

To make sure patients are screened correctly, medical care providers must ask about and document each patient's screening history and the results of all tests. They must also look at patients' personal and family history of CRC to assess their level of risk and decide which tests to use.

Risk levels for CRC are defined as follows:³

■ **Patients at increased risk have one of the following:**

- A personal history of adenomatous polyps or a previous colonoscopy.
- A personal history of CRC.
- A family history of a parent, sibling, or child having CRC or adenomatous polyps.

■ **Patients at high risk have one of the following:**

- A genetic diagnosis of familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC).
- A clinical diagnosis or suspicion of FAP or HNPCC.
- A history of inflammatory bowel disease (ulcerative colitis or Crohn's disease).

■ **Patients at average risk do not meet the criteria for the other categories.**

People at increased risk of CRC may need to begin screening before age 50 or be screened more often.

Those at high risk need intensive clinical evaluation and monitoring and may need frequent surveillance with colonoscopy. A qualified medical advisory board can help ensure that national guidelines are followed so that patients at increased and high risk of CRC receive the care or referrals they need.⁴

To be effective, screening tests must be conducted in the proper setting. For FOBTs and FITs, the recommended method is for patients to use a test kit to collect multiple stool samples at home for laboratory testing. Single stool samples collected in a medical office during a rectal exam are not an appropriate use of the FOBT and should never be used to screen for CRC.

Appropriate Performance of CRC Screening Tests

A variety of medical care providers—including family doctors, nurse practitioners, gastroenterologists, obstetricians/gynecologists, and surgeons—can perform CRC screening tests. All providers who perform these tests must receive adequate training on how to provide high-quality CRC screening.

CRC screening programs and medical practices that offer these services must ensure that the medical care providers who perform these tests receive appropriate continuing education. Providers should also receive feedback on how well they are following screening guidelines and performing the tests. The results of a 2005 study showed significant increases in CRC screening rates for patients and adherence to screening guidelines for health care providers at two Veterans Health Administration medical centers after the providers attended regular educational sessions.⁵ The sessions included feedback on how well the providers were following national guidelines and instruction on how to communicate effectively with patients. *The Guide to Community Preventive Services* recommends interventions that include provider assessment and feedback as an effective way to increase CRC screening with FOBT.⁶

Timely and Appropriate Reporting and Follow-Up

Timely reporting of CRC screening results to patients and their primary care providers and follow-up on positive or abnormal test results are essential to maintaining a quality CRC screening program. Patients with positive or abnormal test results must receive appropriate diagnostic procedures. For example, those with positive or abnormal results from an FOBT or sigmoidoscopy must receive a complete colon examination with a colonoscopy. Following up on a positive FOBT with another FOBT is not appropriate.

When a polyp is detected by any method of CRC screening, subsequent follow-up with colonoscopy to determine if additional polyps have developed or if any polyps were missed during the initial colonoscopy is called a surveillance colonoscopy. The timing of surveillance colonoscopy after the removal of polyps depends on many factors, including the size, type, histology, and number of polyps and the completeness of polyp removal. Primary care providers and gastroenterologists should determine this timing on a case-by-case basis for each patient.

Inappropriate Screening

Problems with screening include²

- **Underuse:** Patients are not screened at appropriate intervals or not screened at all.
- **Overuse:** Patients who are in poor health and have a limited life expectancy are screened even though they are unlikely to benefit from early detection. Overuse can also be defined as screening tests that are performed more often than recommended.
- **Misuse:** Screening is not done in the best way—for example, single FOBT samples collected in a medical office instead of multiple samples collected at home by the patient.

Common Problems that Reduce Test Quality

- Tests are not adequate (e.g., incomplete colonoscopy, missed polyps).
- Bowel preparation for sigmoidoscopy or colonoscopy is not adequate.
- Home FOBT kits are not used correctly by patients.
- Too much time passes between test completion and reporting of results to the patient and primary care provider or the results are reported incorrectly.
- Too much time passes between a positive result and diagnostic procedures.
- Too much time passes between diagnosis and treatment.

How to Address Problems with Test Quality

Several interventions can be used to address potential screening problems. Many of these interventions are recommended in *The Community Guide to Preventive Services* (www.thecommunityguide.org/cancer/index.html) Examples include the following:

Provider Interventions

- Assessment of provider adherence to screening guidelines, performance of tests, and education provided to patients.
- Provider education and feedback based on assessments.
- Ongoing feedback on adherence, performance, and communication with patients.

System Interventions

- Reminder systems that prompt providers to recommend screening at appropriate intervals.
- Monitoring systems, such as the colorectal cancer clinical data elements developed by the CRCCP to allow collection and review of key quality indicators for CRC screening.

Patient Interventions

- One-on-one education of patients that encourages them to seek appropriate screening and teaches them how to prepare for and perform CRC screening tests.

References

1. Curry S, Byers T, Hewitt M, eds. *Fulfilling the Potential of Cancer Prevention and Early Detection*. Washington, DC: National Cancer Policy Board, Institute of Medicine; 2003:224.
2. Steinwachs D, Allen JD, Barlow WE, et al. NIH state-of-the-science statement on enhancing use and quality of colorectal cancer screening. *NIH Consensus and State-of-the-Science Statements*. 2010;27(1). <http://consensus.nih.gov/2010/docs/CRC%20SOS%202010%20Final%20Panel%20Statement.pdf>. Accessed December 10, 2012.
3. Centers for Disease Control and Prevention. *Colorectal Cancer Control Program (CRCCP) Policies and Procedures*. Atlanta, GA: Centers for Disease Control and Prevention; US Department of Health and Human Services; 2010. http://www.anthc.org/chs/epicenter/upload/CRCCP_Policies_Procedures.pdf. Accessed December 10, 2012.
4. US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*. 2008 Nov; 149(9):627-637. Accessed November 27, 2012.
5. Ferreira MR, Dolan NC, Fitzgibbon ML, et al. Health care provider-directed intervention to increase colorectal cancer screening among veterans: results of a randomized controlled trial. *J Clin Oncol*. 2005;23(7):1548-1554.
6. Sabatino SA, Habarta N, Baron RC. Interventions to increase recommendation and delivery of screening for breast, cervical, and colorectal cancers by healthcare providers: systematic reviews of provider assessment and feedback and provider incentives. *Am J Prev Med*. 2008;35(suppl 1):67-74. Increasing

Appendix B

Worksheets and Other Tools

Appendix B

Appendix B has tools that you can use to complete the Action Steps recommended in Section 1. These tools can be used in their current form or adapted to fit your needs. Electronic versions are available in Microsoft Word from grantee Web sites at www.CRCCP.org and www.NBCCEDP.org.

- Identify Unmet Needs and Potential Partners Work Sheet
- Plan Your Approach Work Sheet
- Memorandum of Understanding Template
- Employer Assessment Work Sheet
- Professional Medical Organizations Assessment Checklist
- Colorectal Cancer (CRC) Screening Quality Checklist
- Assess Your Progress Work Sheet



Tool: Identify Unmet Needs and Potential Partners Work Sheet

Program Name:

Instructions: Fill in the information below to identify priority objectives, unmet needs, and potential partners. Use a separate work sheet for each partner.

Priority objectives to increase CRC screening and promote screening quality	Unmet needs associated with each objective	Partners who can help you meet this need
Priority 1:		
Priority 2:		
Priority 3:		
Priority 4:		
Priority 5:		



Tool: Plan Your Approach Work Sheet

Program Name:

Instructions: Fill in the information below to plan how you will contact potential partners to help you increase CRC screening and promote screening quality. Use this information as a basis for making the case for partner support.

Priority:

Unmet Need:

Partner who can help meet this need:

Answer the following questions:

What are you asking the partner to do?

What have you accomplished already in this area?

What can you do with this partner's help?

How will this partner benefit from working with you on this project?

Develop an action plan:

Who should you contact first? Identify a specific person in the organization.

How will you contact this person (e.g., in person, by a letter)?

Who will contact this person?

When will you contact this person? Set a specific date.

Memorandum of Understanding Template

This Memorandum of Understanding (MOU) sets for the terms and understanding between the

_____ and the _____
(Partner) (Partner)

to _____ (activity)

Background (Explain why partnership is important.)

Purpose (List the goals and objectives of the partnership.)

Activities and Who Will Do Them (List the activities planned to accomplish the goals and objectives.)

Reporting (Identify how the agreement will be evaluated, as well as who will do it and when.)

Funding ((State specifically that this MOU is not a commitment of funds.)

Duration (Indicate the timeframe for the agreement.)

This MOU is at-will and may be modified by mutual consent of authorized officials from

_____ (list partners). This MOU shall become effective upon signature
by the authorized officials from the _____ (list partners)
and will remain in effect until modified or terminated by any of the partners by mutual consent. In the
absence of mutual agreement by the authorized officials from _____ (list partners)
this MOU shall end on _____ (end date of partnership)

Contact Information

Partner name _____

Partner representative _____

Position _____

Address _____

Telephone _____

Fax _____

E-mail _____

Partner name _____

Partner representative _____

Position _____

Address _____

Telephone _____

Fax _____

E-mail _____

(Partner signature) Date: _____

(Partner name, organization, position)

(Partner signature) Date: _____

(Partner name, organization, position)



Tool: Assess Your Progress Work Sheet

Instructions: Fill in the information below to assess your progress working with partners to increase CRC screening and promote screening quality. Use a separate work sheet for each partner.

Assess Your Relationship	Answers and Plans for Change
Do you communicate regularly with your partner? Is your contact method (e.g., in person, by phone, by e-mail) effective?	
Are problems identified and resolved quickly and effectively? If not, why?	
Do you have other questions or concerns?	
Assess Your Efforts	Answers and Plans for Change
Are you making progress toward meeting your goals and objectives? If not, what changes do you need to make?	
Have you collected the information or data you need to assess your progress? If not, how can you get this information?	
Have all tasks been completed? Is your project on schedule? If not, what is needed to complete the project on time?	
Do you need to make changes to the project? If so, what kinds of changes?	
If problems were identified, have solutions been identified and carried out?	
Is information about progress and any needed changes being communicated to all partners?	
Do you have other questions or concerns?	



Tool: Employer Assessment Work Sheet

Program Name:

Potential Employer Partner:

Instructions: Fill in the information below to identify factors that may influence how or if you work with an employer. Use a separate work sheet for each partner.

Is the employer medium-sized (100–500 employees) or large-sized (>500 employees)?	
Does the employer currently have a workplace health or wellness program?	<p>If yes:</p> <ul style="list-style-type: none"> ■ What has been the focus of the program? ■ Is CRC screening included? ■ What types of CRC screening interventions are being used now?
Does the employer offer healthcare benefits to its employees?	<p>If yes:</p> <ul style="list-style-type: none"> ■ Is CRC screening covered? ■ What types of tests are covered? ■ What percentage of eligible employees gets screened?
What percentage of employees is aged 50 years or older?	
Does the employer have data on employee attitudes or beliefs on cancer, cancer screening in general, or CRC screening specifically?	<p>If yes:</p> <ul style="list-style-type: none"> ■ What do the data show? ■ Do you need to change your approach?



Colorectal Cancer (CRC) Screening Quality Checklist

Type of Professional Organization	Are we working with this type of partner?	
Quality Standards	Yes	No
<p>Are health care providers in your organization:</p> <ul style="list-style-type: none"> ■ Using CRC screening tests approved by the U.S. Preventive Services Task Force? ■ Offering CRC screening tests based on patient age, risk of CRC, and CRC screening history? ■ Performing fecal occult blood tests as home-based tests only? ■ Meeting the standard for timely follow-up of positive screening test results recommended by the Centers for Disease Control and Prevention? ■ Properly trained to perform CRC screening? 		
<p>Is your organization monitoring the use of CRC screening tests among its members and giving them feedback to help them improve their efforts?</p>		

Appendix C

Resources

Section 1. Overview of Action Steps for Engaging Key Partners

Building Cross-Sector Collaboration Prevention Institute

www.preventioninstitute.org/tools/partnership-tools.html

Center for Collaborative Planning

www.connectccp.org

Journal Article on Evaluating Partnerships

Butterfoss FD. Evaluating partnerships to prevent and manage chronic disease. *Prev Chronic Dis.* 2009;6(2).

www.cdc.gov/pcd/issues/2009/apr/08_0200.htm

Section 2. Engaging Employers in Increasing Quality Colorectal Cancer Screening

Workplace Health Promotion

Centers for Disease Control and Prevention

www.cdc.gov/workplacehealthpromotion/index.htm

Improving Health: Publications & Resources: Business & Health

Partnership for Prevention

See the following publications under Worksite Health: *Healthy Workforce 2010 and Beyond, Investing in Health, and Why Invest.*

www.prevent.org/Publications-and-Resources.aspx

Workplace Solutions

American Cancer Society

www.acsworkplacesolutions.com/index.asp

Diabetes and the Workplace: How Employers Can Implement Change

Tool kit that could be adapted for CRC screening.

www.takingondiabetes.org/employer/TOD_workbook.pdf

Section 3. Engaging Professional Organizations in Increasing Quality Colorectal Cancer Screening

Michigan Cancer Consortium Consensus Guidelines for the Early Detection of Colorectal Cancer

www.michigancancer.org/Colorectal/PDFs/Guidelines/MCCColoCaGuidelines-02.19.09.pdf

Colon Cancer Screening Action Kit

New York City Department of Health and Mental Hygiene

www.nyc.gov/html/doh/html/cancer/cancercolon_actionkit.shtml

Colorectal Cancer Screening (PDQ)

National Cancer Institute

www.cancer.gov/cancertopics/pdq/screening/colorectal/healthprofessional

How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide 2008

www.cancer.org/acs/groups/content/documents/document/acspc-024588.pdf

Information on Qualifications and Training of Medical Providers

Ferreira MR, Dolan NC, Fitzgibbon ML, et al. Health care provider-directed intervention to increase colorectal cancer screening among veterans: results of a randomized controlled trial. *J Clin Oncol*. 2005;23(7):1548-1554.

Wilkins T, LeClair B, Smolkin M, et al. Screening colonoscopies by primary care physicians: a meta-analysis. *Ann Fam Med*. 2009;7:56-62.

More Resources

Colorectal Cancer Research

Levin B, Lieberman DA, McFarland B, et al. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *CA Cancer J Clin*. 2008;58:130-160.

Ashley OS, Nadel M, Ransohoff DF. Achieving quality in flexible sigmoidoscopy screening for colorectal cancer. *Am J Med*. 2001;111(8):643-653.

Rex DK, Bond JH, Winawer S, et al.; the US Multi-Society Task Force on Colorectal Cancer. Quality in the technical performance of colonoscopy and the continuous quality improvement process for colonoscopy: recommendations of the US Multi-Society Task Force on colorectal cancer. *Am J Gastroenterol*. 2002;97:1296-1308.

Rex DK, Petrini JL, Baron TH, et al. Quality indicators for colonoscopy. *Am J Gastroenterol*. 2006;101:873-885.

Lieberman D, Nadel M, Smith R, et al. Standardized colonoscopy reporting and data system: report of the Quality Assurance Task Group of the National Colorectal Cancer Roundtable. *Gastrointest Endosc.* 2007;65:757-766.

Centers for Disease Control and Prevention. Colorectal (Colon) Cancer Web site. Colonoscopy Reporting and Data System (CO-RADS). http://www.cdc.gov/cancer/colorectal/what_cdc_is_doing/corads.htm. Updated June 30, 2009. Accessed November 27, 2012.

Nadel M, Berkowitz Z, Klabunde C, Smith R, Coughlin S, White M. Fecal occult blood testing beliefs and practices of US primary care physicians: serious deviations from evidence-based recommendations. *J Gen Intern Med.* 2010;25(8):833-839. doi: 10.1007/s11606-010-1328-7.

U.S. Preventive Services Task Force Recommendations

Whitlock EP, Lin JS, Liles E, Beil TL, Fu R. Screening for colorectal cancer: a targeted, updated systematic review for the US Preventive Services Task Force. *Ann Intern Med.* 2008;149:638-658.

Program Monitoring Tools

Centers for Disease Control and Prevention

Colorectal Cancer Clinical Data Elements: Data Definitions Table

www.cdc.gov/cancer/crccp/pdf/CCDE_Data_DefinitiontableOMB_T.pdf

CRCCP Service Quality Indicators

Centers for Disease Control and Prevention

Colorectal Cancer Screening Demonstration Program (CRCSDP) Policy Manual

www.cdc.gov/cancer/crccp/pdf/CRCSDP_PolicyManual.pdf

Colorectal Cancer Screening Algorithm for Adults Aged 50 Year and Older

Centers for Disease Control and Prevention

www.cdc.gov/cancer/crccp/pdf/Screening_Flowchart_for_CRCSDP_T.pdf

Notes

Section 1: Action Steps for Engaging Employers and Professional Medical Organizations

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Notes

Section 2: Working with Employers

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Notes

Section 3: Working with Professional Medical Organizations

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Notes

Appendix A: Colorectal Cancer Screening Fact Sheet

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Notes

Appendix B: Work Sheets and Other Tools

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Resources

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

